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Candidate's name (required); no titles may be used.		Candidate's residential address Street, fire, or rural route num	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road	ame of street or road	Candidate's municipality for <u>voting</u> purposes (required) Town	irposes (required)
Eric Kuzma		1180 Dousman	າ Street 🧳	P	☐ Village Green Bay (name of municipality)	nicipality)
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	rposes (required if different th	an State (required)	^{Zip code} 54303	Type of election (required) spring special	red) Election date (required) Do not use primary date. Mo/Day/Year 04/05/2022	ot use primary date.
Title of office (required) Alderperson		Branch, district or seat number (required if applicable) ☐ Branch ☐ District () ☐ Seat		istrict 10	Name of jurisdiction or district in which candidate seeks office (required) District 10	
, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for ■ him or □ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination baper of any other candidate for the same office at this election.	e name and residential as listed above. I am eligi his election.	address are listed above, I ble to vote in the jurisdict	oe placed on the ballot at the cion or district in which the car	election described ab	ove as a candidate so that voters seeks office. I have not signed t	will have the he nomination
The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. Residential Address (Not Street and Number or Rur.) Signatures of Electors Printed Name of Electors (Rural address must also in	, when different than municipa Printed Name of Electors	nunicipality of reside		It. The name of the munic (No P.O. Box Addresses) Ch Rural Route of o include box or fire no.) pu	The name of the municipality of residence must always be listed. P.O. Box Addresses I Route Check the type and write the name of your municipality for voting purposes. Mo/Day/Year	Date of Signing Mo/Day/Year
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8. Buy Von Enter yourt	Bolovanson	count	1215 DIV 151	3 St.	O Town O FLAN	12/2
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10. Allything Associated	/ v d sav (SOVENSON	275 Divisio	M 54.8	Williage KLEM Bay	- - - - - - - - - - - - - - - - - - -
ani kum		CERTIFICATION OF C	IRCULATOR	LANSING OF		N BAT
(Name of dictulator) (Circulator's residents laddres. Indude number street, left of the certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting.	sconsin, or a U.S. citizen,	, age 18 or older who, if I	(Circulator) Were a resident of this state, v	(Circulator's residential landress of includes state, would not be disqualified	fied from voting under Wis. Stat.	and municipality.) under Wis. Stat. §6.03. I personally
circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of the signatures on this paper. I know that the signers are electors of the jurisdiction of the signature of the signary are electors of the jurisdiction of the signary are that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intention that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intention that the signary are electors of the jurisdiction of the signary are electors.	tained each of the signat dge of its content on the	tures on this paper. I kno date indicated opposite I	w that the signers are electors his or her name. I know their r	I know their respective residences given. I intend	P 70	o support this candidate. I am
aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	under Wis. Stat. § 12.13	(3)(a).	12:20	BY: CW	12:400	

(Date)

Page No.

Amending Affidavit of Nomination Paper Circulator

Manual Ma	
WINDSW JO JAME	My commission expires $\frac{Q}{\sqrt{ \mathcal{L} }} \frac{2002}{\sqrt{ \mathcal{L} }}$ or is permanent \square Notary Public \square , or
ANDERIC YES	2000 1010
	(signature of person authorized to administer oaths)
AATON PARTIES OF JOHN SON TO THE PROPERTY OF T	this day of John One sixt
William SAH C HAMMING	Subscribed and sworn to before me
- Author	2. J. A. marrer base beatimording
(Application of the complete o	my
edge of its content on the date saidences given. I intend to support	numbered 20F3 and personally obtain paper(s) on 1/122-1/2/22. I know that the signers are elected on that each person signed the paper with full know indicated opposite his or her name. I know their respective rethis candidate. I am aware that falsifying this affidavit is pure this candidate. I am aware that falsifying this affidavit is pure 12.13(3)(a), Wis. Stats.
EKBEKSON DISLKICL 10 DIDVLE EOK CKEEN BVX	COWWON CONNCIP YFDI EKIC KNZWY CYNI
or a U.S. citizen, age 18 or older ed from voting under Wis. Stat.	I further certify I am either a qualified elector of Wisconsin, who, if I were a resident of this state, would not be disqualified. I personally circulated the originals of the attached no
	1180 DOUSMAN STREET GREEN B
	I certify I reside at
WWON CONNCIP	I am the circulator of the attached pages of the nomination percentify these pages as of the date of this affidavit.
	(name of candidate & office) as described in this affidavit.
оммои сописіг	ALDERPERSON DISTRICT 10, the nomination papers for ERIC KUZMA GREEN BAY C
sertification(s) of circulator on	This affidavit is made to supplement and correct the
state:	I, Eric Kuzma, being duly sworn,
	} ss. Brown_County }
	STATE OF WISCOUSIN }

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candidate's name (required), no unes may be used.	· v	treet, fire, or rural route numb	:	and name of street or road	☐ Town ☐ Willage Green Bay		i i
LIIC NUZIIIA	-	I loo Dousilian	טוופפו		City	(name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	rposes (required if different than	State (required)	54303	Type of election (required) spring special	-	Election date (required) Do not use primary date. Mo/Day/Year J4/05/2022	date.
Title of office (required) Alderperson		Branch, district or seat number (required if applicable) Branch Branch Briticf ()		Name of jurisdiction or district in which candidate seeks office (required) District 10	in which candidate seeks offi	ce (required)	
, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the poportunity to vote for liming in the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination appear of any other candidate for the same office at this election.	e name and residential add listed above. I am eligible his election.	dress are listed above, be to vote in the jurisdicti	e placed on the ballot at on or district in which th	the election described a e candidate named abo	above as a candidate so ve seeks office. I have i	that voters will have t not signed the nomina	the tion
The municipality used for mailing purposes, when different than municipality of residence, is not sufficient.	, when different than m	nunicipality of residen		The name of the municipality of residence must always be listed.	icipality of residence	must always be list	ted.
Signatures of Electors	Printed Name of Electors	Electors		P.O. Box Addresses) Route lude box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	nce Date of Signing Mo/Day/Year	gning
1. Mfeif	MARL C. SE	SEIDL	GREEN BAY. 1	ST 64303	BCITY BACTON BAY	14-	2022
2. Many John D	MARY JOS	Deidl	Green Aug Wi	54302	D VIllage GREEN BAY	1-/-	CEOE
3. Kallie Hill	KEWIE HIM		724 N BWONE	MEN CASS	O Village GEEEN B	BAY 1/2/2	200
4 Songa, Hit BOL	Brennun	7	been buy withdran	X 128 12 45	1	BAY (1/2)	2
5. Konsprony	Keni Win	<i>S</i>	35	X S S	D VIllage GEEEN B	BAY 1/2/2	22
En marie Uctos eva	The same of the sa	re Posera	Green to	1510N 9363	O Village GOEEN B	148 YAB	21
7. Comic Miller	Cornie Mi	Her	6.13. WI	18,202,45	O VIllage GREEN B	BUY (-2-2	
8. My Miller	De Mi	The	V	i. Six	Ovillage GREEN G	BAY (-2:	لع
9. Richard Henes	blind Etre	- Comment	Green Boy WI	593057 X		BAY (1-2-2)	
10.	Charl Smith		1100 Kellegg St	het sit	North Men Bal	11-27	13
BENC KJ	KVZMA	CERTIFICATION OF C	IRCULATÓR	DOUSMAN ST.	GEBEN BAY		1.
(Name of circulator) I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally	sconsin, or a U.S. citizen, a	ge 18 or older who, if I v	Circ vere a resident of this sta	(Circulator's residential address - Include number, street, and municipality.) state, would not be disqualified from voting under Wis. Sta	nclude number, street, and m alified from voting unde	ninicipality.) er Wis. Stat. §6.03. I pe	rsonally

aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Bate)

that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know

(Signature of dirculator)

Page No. 283

Amending Affidavit of Nomination Paper Circulator

NATON THE MANAGEMENT ON SOLUTION OF THE PROPERTY OF THE PROPER	
100000 - 100 E	My commission expires $\sqrt{\frac{202}{1000000000000000000000000000000000$
	(saling of person authorized to administer oaths)
ANTON E	- Aunt J Aunt
WILLY SAH C HARRIER	this T day of Jourson 20 22
William III.	Subscribed and sworn to before me
(signature of circulator)	mp
dge of its content on the date sidences given. I intend to support	numbered 5.0×5 and personally obtained paper(s) on $12/22 - 14/22$. I know that the signers are elected indicated opposite his or her name. I know their respective resthis candidate. I am aware that falsifying this affidavit is punished candidate. I am aware that falsifying this affidavit is punished candidate. I am aware that falsifying this affidavit is punished candidate. I am aware that falsifying this affidavit is punished candidate.
KBEKSON DISTRICT 10 IDATE FOR GREEN BAY	COMMON CONNCIT VEDE EBIC KNZWY CYNDI
d from voting under Wis. Stat.	I further certify I am either a qualified elector of Wisconsin, or who, if I were a resident of this state, would not be disqualified \$6.03. I personally circulated the originals of the attached non
	(circulator's residence, including street, number,
	I certify I reside at
IMON CONNCIP	I am the circulator of the attached pages of the nomination paper certify these pages as of the date of this affidavit.
	as described in this affidavit.
WWON COUNCIL	ALDERPERSON DISTRICT 10, (name of candidate & office)
rtification(s) of circulator on	This affidavit is made to supplement and correct the ce
ate:	I, Eric Kuzma, being duly sworn, st
	Brown_County }
	STATE OF WISCONSIN }

NOMINATION PAPER FOR NONDARTISAN OFFICE

No. 3 \$ 3	Page No.		(Signature of circulator)	um		(Date)
. §6.03. I personally epresent. I know andidate. I am	ralified from voting under Wis. Stat. Tor district the candidate seeks to reces given. I intend to support this ca	state, would not be disque lectors of the jurisdiction their respective residence.	were a resident of this sow that the signers are elements or her name. I know	, age 18 or older who, if I tures on this paper. I kno date indicated opposite (3)(a).	/ /isconsin, or a U.S. citizen btained each of the signat edge of its content on the	I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).
	20U SWAN ST GOTEN BIAY (Circulator's residential address - Include number, street, and municipality.)	Circulator's residential address - 1	IRCULATOR	CERTIFICATION OF C	14	INAME OF CIRCULATOR
	□ Town □ Village □ City					10.
	□ Town □ Village □ City					9.
	□ Town ☐ ☐ Village ☐ City					8.
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1-2-2-1	orilage Creen E	de st SX	483 St Inda	Hetzel	Alberta	5. allesta Metzol
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Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	nclude box or fire no.)	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	of Electors	Printed Name of Electors	Signatures of Electors
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(Signature of circulator)

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